

Viking Fest Scholarship Application

**This application must be postmarked on or before Friday May 18th 2018
And sent to: Viking Fest Corporation, P.O. Box 1125, Poulsbo, WA 98370.**

**APPLICANTS MUST BE HIGH SCHOOL SENIORS WHO RESIDE IN NORTH
KITSAP SCHOOL DISTRICT BOUNDARIES
(They do NOT have to attend NKSD Schools)**

Please type or print neatly in **BLACK** ink.

Full Name

Phone

Cell

Address (Street Number or P.O. Box)

(City, Zip)

Email

Father's Name, Occupation & Employer

Mother's Name, Occupation & Employer

Brothers' & sisters' names

Age

Enrolled in school? (If so, where?)

SAT: Date(s) taken:

ACT: Date taken:

V	W	M	Science	Reading	Math Eng
					Composite

1. Please tell us, by neatly typing on a separate sheet of paper, about your experiences, if any, in the following areas:

School and/or Community

1. Clubs and activities

- Your grade level when you participated
- Any leadership role
- Any awards

2. Athletics

- Your grade level when you participated
- Any leadership role
- Any awards

3. Participation/leadership in ASB activities

4. Academic honors

5. Volunteer/community service

- Place/organization
- Your grade level when you participated
- Your role
- Ongoing - number of hours/week?
- Project specific – number of total hours?

Paid work experience

1. Summer

- Job description
- Number of hours per week

2. School year/year round

- Job description
- Number of hours per week

Cultural experiences

1. Foreign exchange

2. Travel abroad

3. Activities that have enriched your understanding of other cultures

4. Other

2. On separate paper, please state your plans for enrollment in an accredited college, university, or technical school. What do you plan to study? What are your career goals? Please be as specific as possible. (Minimum 150 words/maximum 250 words)

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3. On separate paper, please detail any additional information to show financial need.

4. List scholarships you have been awarded and/or have accepted (including ROTC, Military academies, etc.). Please bring a copy of the scholarship to the Counseling Center.

Scholarship Name	Dollar Amount
_____	*
_____	*

5. Please list your senior schedule:

First Semester of this School Year	Second Semester of this School Year
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
+	+

6. Return your completed application to the address at the top of the form. A complete application will include one (and **only** one) letter of recommendation from an adult in the community other than a relative **plus** two (and **only** two) letters of recommendation from teachers, for a **total of exactly three letters**. Letters should be addressed "To Whom It May Concern."

Remember, only COMPLETE applications will be considered!

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PLEASE NOTE: All applications for financial assistance programs, i.e., student loans, work compensation, grants, scholarships, special funds, subsidies, prizes, etc., will be considered by the Viking Fest Corporation without regard to race, creed, color, national origin, age, gender, sexual orientation, religion, marital status or disability.

